

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications).

ATTORNEY'S DOCKET NO.
 EYEM1100

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VISION ARCHITECTURE TO DESCRIBE FEATURES OF PERSONS

the specification of which (check only one item below):

is attached hereto.

was filed as United States application
 Serial No. _____
 on _____
 and was amended
 on _____ (if applicable).

was filed as PCT international application
 Number PCT/US99/07934
 on 12 April 1999
 and was amended under PCT Article 19
 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

I hereby claim foreign priority benefit under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**COMBINED DECLARATION FOR PCT APPLICATION AND POWER OF ATTORNEY
(CONTINUED) (Includes Reference to PCT International Applications)**
**ATTORNEY'S DOCKET NO.
EYEM1100**

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (MARK ONE)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
60/081,615	13 April 1998			x
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		
PCT/US99/07934	12 April 1999		x	

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Customer No. 25548 OR Place Customer Number Bar Code
Label Here



25548

PATENT TRADEMARK OFFICE

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Maurer	FIRST GIVEN NAME Thomas	SECOND GIVEN NAME
2 0 2	RESIDENCE & CITIZENSHIP	CITY Los Angeles	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP Germany
2 0 2	POST OFFICE ADDRESS	POST OFFICE ADDRESS 3685 Jasmine Ave. #16	CITY Los Angeles	STATE & ZIP CODE/COUNTRY California 90034
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Elagin	FIRST GIVEN NAME Egor	SECOND GIVEN NAME Valerievich
2 0 2	RESIDENCE & CITIZENSHIP	CITY Los Angeles	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP Russia
2 0 2	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2636 Severance Street, #A	CITY Los Angeles	STATE & ZIP CODE/COUNTRY California 90007
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Nocera	FIRST GIVEN NAME Luciano	SECOND GIVEN NAME Pasquale Agostino
2 0 3	RESIDENCE & CITIZENSHIP	CITY Los Angeles	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP France/Italy
2 0 3	POST OFFICE ADDRESS	POST OFFICE ADDRESS 1230 South Westgate Ave. Unit F	CITY Los Angeles	STATE & ZIP CODE/COUNTRY California 90025

ADDITIONAL INVENTOR INFORMATION ATTACHED

I hereby declare that all statements made herein are of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE: 9/25/00	DATE: 9/18/00	DATE: 9/18/00

ADDITIONAL INVENTOR INFORMATION				ATTORNEY'S DOCKET NUMBER EYEM1100
204	FULL NAME OF INVENTOR	FAMILY NAME Steffens	FIRST GIVEN NAME Johannes	SECOND GIVEN NAME Bernhard
	RESIDENCE & CITIZENSHIP	CITY Culver City <i>CA</i>	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 6420 Green Valley Circle #207	CITY Culver City	STATE & ZIP CODE/COUNTRY California 90230
205	FULL NAME OF INVENTOR	FAMILY NAME Neven	FIRST GIVEN NAME Hartmut	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Santa Monica <i>CA</i>	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 2336 28th Street, #E	CITY Santa Monica	STATE & ZIP CODE/COUNTRY California 90405
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206	
<i>1 Sh</i>		<i>Hart Ne</i>		
DATE: 9/25/02	DATE:	DATE:		
SIGNATURE OF INVENTOR 207		SIGNATURE OF INVENTOR 208	SIGNATURE OF INVENTOR 209	
<i>9/</i>		<i>9/18/00</i>		
DATE:	DATE:	DATE:		